MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AS FILED AFTER (703) 305-8421 AFTER I"AMENDMENT 1 MAMENDMENT AS FILED AFTER IND. DEP. IND. DEP. AFTER ("AMENDMENT IND. DEP. 1 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. 78 <u>33</u> TOTAL IND A I TOTALIXO TOTAL DEP I **∳**¤ TOTAL TOTAL DE CLAIMS TOTAL PTO - INCO CRESS TIMES U.S. DEPARTMENT of COMMERCE